

**APPLICATION TO OPERATE A TEENAGE CLUB**  
**FEE: \$25.00; LICENSE YEAR: JUNE 1 THRU MAY 31**

**RETURN TO:**

City Clerk's Office, 555 S. 10<sup>th</sup> St., Lincoln NE 68508

**LMC Chapter 5.52**

***Please PRINT using blue or black ink only!***

CLUB INFORMATION							
NAME:							
STREET ADDRESS:							
CITY:		STATE:		ZIP:		PHONE #:	

APPLICANT'S NAME & HOME INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	

OWNER'S NAME & HOME INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	

MANAGER OF CLUB					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		DATE OF BIRTH:		AGE:	

Sponsors & Chaperons <i>(use separate sheet if necessary)</i>		
NAME	ADDRESS <i>(Street, City, State &amp; Zip)</i>	AGE

Manner in which Organized: \_\_\_\_\_

**PREMISES INFORMATION:**

Complete Description: \_\_\_\_\_  
\_\_\_\_\_

Maximum Number of Persons who will be allowed on Club Premises: \_\_\_\_\_

Activities to be sponsored, promoted or engaged in by such Club: \_\_\_\_\_  
\_\_\_\_\_

Facilities which will be provided by Club for Members: \_\_\_\_\_  
\_\_\_\_\_

Type of Operation: \_\_\_\_\_ Individually Owned \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

Partners, Officer, Directors, & Stockholders owning over 25% of Stock (use separate sheet if necessary)		
NAME	ADDRESS	AGE

Have any of the above named persons been convicted of a felony: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If **YES**, give name, date, place & Particulars below:

Date	Name	Place	Particulars

Minimum Number of Adult Supervisors: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

***Applications are available on the City's web site at "www.lincoln.ne.gov".***

**REFERRALS**

**FIRE PREVENTION BUREAU:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POLICE DEPARTMENT:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH DEPARTMENT:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CODES ADMINISTRATION:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_